

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Title:: DATABASE REPLICATION USING
APPLICATION PROGRAM EVENT
PLAYBACK

Attorney Docket Number:: 020581-000300US

Request for Early Publication:: No

Request for Non-Publication:: No

Total Drawing Sheets:: 3

Small Entity?: Yes

Petition included?: No

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Kayshav

Middle Name::

Family Name:: Dattatri

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1225 Phelps Avenue

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95117

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: India
 Status:: Full Capacity
 Given Name:: Guru
 Middle Name::
 Family Name:: Prasad
 City of Residence:: San Mateo
 State or Province of Residence:: CA
 Country of Residence:: US
 Street of Mailing Address:: 3135 Campus Drive, #229
 City of Mailing Address:: San Mateo
 State or Province of mailing address:: CA
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: India
 Status:: Full Capacity
 Given Name:: Viral
 Middle Name::
 Family Name:: Kadakia
 Name Suffix::
 City of Residence::
 State or Province of Residence::
 Country of Residence::
 Street of Mailing Address::
 City of Mailing Address::
 State or Province of mailing address::
 Country of mailing address::
 Postal or Zip Code of mailing address::

100304-23904

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Pravin
Middle Name::
Family Name:: Singhal
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

FORM 1042-EQ